Client Data Set

Submission Guide

for Fiscal Year 2010

Updates:

4/9/2009 **New Field 86 in Client File – Military History**
A "Military History" field is being added to the Client File. Field Number 13 (Veteran Status) will become inactive.

Client Data Conventions

<u>Field Types</u>
1. Numeric (#)   Must contain only numeric characters 0-9

2. Alpha/Numeric (X)   Can contain both letters and numbers (letters should always be in upper case)
                         No special characters like dash, slash, or commas unless specifically authorized.

<u>Field Formats</u>
1. # - numeric digit
2. X - any character (letters and numbers allowed, letters in upper case only)
3. YYYYMMDD - numeric date field in the form:
                         YYYY - four digit year
                         MM - two digit month
                         DD - two digit day
        Note: Dates should contain only numeric characters. Do not enter date separators, such as "/" or "-" in these fields.

<u>Standard Codes</u>
Standard coding methodology is used throughout the data set whenever possible. Some examples are:

1.   For fields requiring a "Yes" or "No", the codes are:
            0   No
            1   Yes

2.   Codes for "Not Applicable" are dependent on field length, and always end in "6". This code is used to indicate that the field does not apply to the client. An example would be the Pregnant Women field for male clients. Those fields which have Not Applicable as valid codes use the coding convention below:

Code	Field Length
6	1
96	2
etc.	

3.   Codes for "Unknown" are dependent on field length, and always end in "7". RDMC would prefer that this code NOT be used unless the Center wants to capture the difference between Unknown and Not Collected. The Not Collected code is the recommended code for this information. Both codes will be treated in the same manner. Both could count against the Completeness Standard. Those fields which have Unknown as valid codes use the coding convention below:

Code	Field Length
7	1
97	2
etc.	

4.   Codes for "Not Collected" are dependent on field length, and always end in "8". This code is used by TEDS to indicate a field that is not collected. Kentucky uses it to indicate that the data was not collected from the client, but that the field is one that Kentucky collects. Both this code and the previous code are treated in the same manner. Both could count against the Completeness Standard. Those fields which have Not Collected as valid codes use the coding convention below:

Code	Field Length
8	1
98	2
etc.	

3.   Codes for "Other" are also field length specific, but always end in "9".

Code	Field Length
9	1
99	2
etc.	

Historical Client Guidelines & Data Submission Procedure

The client dataset information is captured on a monthly basis; i.e., the dataset will capture up to 12 months worth of data per client per fiscal year.

This will allow us to effectively track changes in client dataset information. Also, events and client service information will be more closely tied to accurate and timely information that will represent a "true" picture of the information submitted.

There are two possible resubmission methods for the client dataset:

1. Resubmission of the complete client data file, with data file names ending in CS or CR.
2. Use the deletion method for record(s) in error, for a particular submission month. The user shall provide a new code in **field number 7**, **Provider Identifier**, to signal that the record is to be removed from that month's dataset:

> **Field Number:** 7
> **Field Name:** Provider Identifier
> **Code:** "Delete"
> **Type:** Alpha
> **Length:** 6

> All of the records to be deleted in a month need to be included in a "CX" file with the following naming convention: <region number><month><year>CX.DAT.

Client Data Submission File Layout

Field Number	Data Element Name	Field Type	Field Length	Field Start	Field End	Format
1	*System Reporting Date*	Numeric	8	1	8	YYYYMMDD
2	*Region Number*	Numeric	2	9	10	##
3	*Client ID*	Alpha/Numeric	9	11	19	#########
4	*Date of Birth*	Date	8	20	27	YYYYMMDD
5	*Sex*	Numeric	1	28	28	#
6	*Client Status Code*	Numeric	1	29	29	#
7	*Provider Identifier*	Alpha/Numeric	6	30	35	XXXXXX
8	*~~Initial Contact Date N/A~~*	~~Date~~	~~8~~	~~36~~	~~43~~	~~YYYYMMDD~~
9	*Admission Date*	Date	8	44	51	YYYYMMDD
10	*~~Race~~*	~~Numeric~~	~~1~~	~~52~~	~~52~~	#
11	*Hispanic Origin / Ethnicity*	Numeric	1	53	53	#
12	*Education*	Numeric	2	54	55	##
13	*~~Veteran Status~~*	~~Numeric~~	~~1~~	~~56~~	~~56~~	#
14	*Marital/Relational Status*	Numeric	1	57	57	#
15	*Employment Status*	Numeric	2	58	59	##
16	*~~Income N/A~~*	~~Numeric~~	~~6~~	~~60~~	~~65~~	~~######~~
17	*SSI or SSDI*	Numeric	1	66	66	#
18	*Primary Source of Income/Support*	Numeric	1	67	67	##
19	*Living Arrangements*	Numeric	2	68	69	##
20	*~~Family Size N/A~~*	~~Numeric~~	~~2~~	~~70~~	~~71~~	##
21	*County of Residence*	Numeric	3	72	74	###
22	*Source of Referral - Primary*	Numeric	2	75	76	##
23	*Source of Referral - Secondary*	Numeric	2	77	78	##
24	*DSS Involvement*	Numeric	1	79	79	#
25	*Axis I Diagnosis*	Alpha/Numeric	6	80	85	XXX.XX
26	*Axis I Diagnosis*	Alpha/Numeric	6	86	91	XXX.XX
27	*Axis I Diagnosis*	Alpha/Numeric	6	92	97	XXX.XX
28	*Axis I Diagnosis*	Alpha/Numeric	6	98	103	XXX.XX
29	*Axis I Diagnosis*	Alpha/Numeric	6	104	109	XXX.XX
30	*Axis I Diagnosis*	Alpha/Numeric	6	110	115	XXX.XX
31	*Axis II Diagnosis*	Alpha/Numeric	6	116	121	XXX.XX
32	*Axis II Diagnosis*	Alpha/Numeric	6	122	127	XXX.XX
33	*Axis II Diagnosis*	Alpha/Numeric	6	128	133	XXX.XX
34	*Axis II Diagnosis*	Alpha/Numeric	6	134	139	XXX.XX
35	*Axis III Diagnosis*	Alpha/Numeric	6	140	145	XXX.XX
36	*Axis III Diagnosis*	Alpha/Numeric	6	146	151	XXX.XX
37	*Axis III Diagnosis*	Alpha/Numeric	6	152	157	XXX.XX
38	*Axis III Diagnosis*	Alpha/Numeric	6	158	163	XXX.XX
39	*Primary Diagnosis Indicator*	Numeric	6	164	169	XXX.XX
40	*Severe Mental Illness (SMI or CMI)*	Numeric	1	170	170	#
41	*Severe Emotional Disability (SED)*	Numeric	1	171	171	#
42	*Methadone*	Numeric	1	172	172	#
43	*IV Drug User*	Numeric	1	173	173	#
44	*Co-Dependent/Collateral*	Numeric	1	174	174	#
45	*DUI Conviction*	Numeric	1	175	175	#
46	*Developmental Disability/Developmental Delay*	Numeric	1	176	176	#
47	*~~Client 2 Description N/A~~*	~~Numeric~~	~~1~~	~~177~~	~~177~~	#
48	*Victim of Rape/Sexual Assault/Sexual Abuse*	Numeric	1	178	178	#

49	*Victim of Domestic Abuse*	Numeric	1	179	179	#
50	*Perpetrator of Rape/Sexual Assault/Sexual Abuse*	Numeric	1	180	180	#
51	*Perpetrator of Domestic Abuse*	Numeric	1	181	181	#
52	*Pregnant Women*	Numeric	1	182	182	#
53	*Pregnant Women - Due Date*	Numeric	6	183	188	YYYYMM
54	*Women with Dependent Children*	Numeric	1	189	189	#
55	~~*Clozapine or Clozaril N/A*~~	~~Numeric~~	~~1~~	~~190~~	~~190~~	#
56	*Substance Abuse Prior Episode*	Numeric	1	191	191	#
57	~~*Disposition at Termination N/A*~~	~~Numeric~~	~~1~~	~~192~~	~~192~~	#
58	*Drug Type Code, Primary at Admission*	Numeric	4	193	196	####
59	*Frequency of Use - Primary (Admission)*	Numeric	1	197	197	#
60	*Route of Administration - Primary*	Numeric	1	198	198	#
61	*Age of First Use or Alcohol Intoxication - Primary*	Numeric	2	199	200	##
62	*Drug Type Code, Secondary at Admission*	Numeric	4	201	204	####
63	*Frequency of Use - Secondary (Admission)*	Numeric	1	205	205	#
64	*Route of Administration - Secondary*	Numeric	1	206	206	#
65	*Age of First Use or Alcohol Intoxication - Secondary*	Numeric	2	207	208	##
66	*Drug Type Code, Tertiary at Admission*	Numeric	4	209	212	####
67	*Frequency of Use - Tertiary (Admission)*	Numeric	1	213	213	#
68	*Route of Administration - Tertiary*	Numeric	1	214	214	#
69	*Age of First Use or Alcohol Intoxication – Tertiary*	Numeric	2	215	216	##
70	*Deaf and Hard of Hearing*	Numeric	1	217	217	#
71	~~*Acquired or Traumatic Brain Injury*~~	~~Numeric~~	~~1~~	~~218~~	~~218~~	#
72	*Homeless Indicator*	Numeric	1	219	219	#
73	*State Guardianship*	Numeric	1	220	220	#
74	*Primary Language*	Alpha/Numeric	3	221	223	XXX
75	*English Ability*	Numeric	1	224	224	#
76	*Client Review Date*	Date	8	225	232	YYYYMMDD
77	*Head Injury*	Numeric	1	233	233	#
78	*Head Injury Frequency*	Numeric	2	234	235	##
79	*Head Injury Medical*	Numeric	1	236	236	#
80	*Race Am Indian*	Numeric	1	237	237	#
81	*Race Asian*	Numeric	1	238	238	#
82	*Race Black*	Numeric	1	239	239	#
83	*Race Pacific*	Numeric	1	240	240	#
84	*Race White*	Numeric	1	241	241	#
85	*Arrests in Past 30 Days*	Numeric	2	242	243	##
86	*Military History*	Numeric	2	244	245	##

N/A and ~~strikethrough~~ indicate fields no longer required, edited or considered
New fields will NOT be counted for Accuracy or Completeness during the first Fiscal Year of activity.

Client Data Set <u>Table</u> Layout

Field Nbr	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
01	* Region Number	char 2	From input file ID, must match valid code	F A	
02	* Client ID	char 9	Must be 9 character valid encryption code	F A	
03	* Month	num 2	From input file ID, must match valid code	F	
04	* Year	num 4	From input file ID, must match valid code	F	
05	System Reporting Date	date	From input file, must match valid date and not in future	F A	
06	Date of Birth	date	Before today, before System Reporting date, within 150 years; over 100 years, Possible error	G/P A	Not checked
07	Sex	char 1	Must be valid code	G A	Not checked
08	Client Status Code	char 1	Must be valid code	F A	Not checked
09	Provider Identifier	char 6	Must match Providers Table	G A	Not checked
10	~~Initial Contact Date~~	~~date~~			
11	Admission Date	date	Must be before or same as System Reporting Date and after DOB	G A	Not checked
12	~~Race~~	~~char 1~~			
13	Hispanic Origin	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
14	Education	char 2	Must be valid code	G A/C	If = 97 /98
15	~~Veteran Status~~	~~char 1~~			
16	Marital Status	char 1	Must be valid code	G A/C	If = 7 / 8
17	Employment Status	char 2	Must be valid code	G A/C	If = 96 / 97 /98
18	~~Income~~	~~char 6~~			
19	SSI or SSDI	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
20	Primary Source of Inc Sup	char 1	Must be valid code	G A/C	If = 7 / 8
21	Living Arrangements	char 2	Must be valid code	G A/C	If = 96 / 97 /98
22	~~Family Size~~	~~char 2~~			
23	County of Residence	char 3	Must match county table else set to "998"	G A/C	If = 996 / 997 / 998
24	Source of Ref Primary	char 2	Must be valid code	G A/C	If = 96 / 97 /98
25	Source of Ref Secondary	char 2	<u>May be blank</u> or match valid code else set to "98"	G A	Not checked
26	DSS Involvement	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
27	Axis I Diagnosis 1	char 6	Valid ICD-9 code and appropriate to Axis; at least one required	G A	Checked, currently not reported for ALL Diagnosis fields
28	Axis I Diagnosis 2	char 6	same as #27	G A	same as #27
29	Axis I Diagnosis 3	char 6	same as #27	G A	same as #27
30	Axis I Diagnosis 4	char 6	same as #27	G A	same as #27
31	Axis I Diagnosis 5	char 6	same as #27	G A	same as #27
32	Axis I Diagnosis 6	char 6	same as #27	G A	same as #27
33	Axis II Diagnosis 1	char 6	same as #27	G A	same as #27
34	Axis II Diagnosis 2	char 6	same as #27	G A	same as #27
35	Axis II Diagnosis 3	char 6	same as #27	G A	same as #27
36	Axis II Diagnosis 4	char 6	same as #27	G A	same as #27
37	Axis III Diagnosis 1	char 6	same as #27	G A	same as #27
38	Axis III Diagnosis 2	char 6	same as #27	G A	same as #27

39	Axis III Diagnosis 3	char 6	same as #27	G A	same as #27
40	Axis III Diagnosis 4	char 6	same as #27	G A	same as #27
41	Primary Diagnosis Ind	char 6	Must be valid code	G/P	
42	Severe Mental Illness	char 1	Must be valid code; under age 18 is Possible error	G/P A/C	If = 6 / 7 / 8 and MH client
43	Severe Emotional Dis	char 1	Must be valid code and under age 21; between 18 & 20 is Possible error	G/P A/C	If = 6 / 7 / 8 and MH client
44	Methadone	char 1	Must be valid code; not SA client is Possible error	G/P A/C	If = 6 / 7 / 8 and SA client
45	IV Drug User	char 1	Must be valid code; not SA client is Possible error	G/P A/C	If = 6 / 7 / 8 and SA client
46	Co Dependent Collateral	char 1	Must be valid code	G A	
47	DUI Conviction	char 1	Must be valid code; not SA client is Possible error	G/P A/C	If = 6 / 7 / 8 and SA client
48	Developmental Dis Delay	char 1	Must be valid code; outside appropriate age range for code is Possible error	G/P A/C	If = 6 / 7 / 8
49	~~Client 2 Description~~	~~char 1~~			If = 6 / 7 / 8
50	Vic of Rape Sex Assault	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
51	Victim of Domestic Abuse	char 1	Must be valid code	G A/C	Must be valid code
52	Perp of Rape Sex Assault	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
53	Perp of Domestic Abuse	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
54	Pregnant Women	char 1	Must be valid code & female; male is Possible error	G/P A/C	If = 6 / 7 / 8 and SA client
55	Due Date	char 6	If Preg-Women = Yes, then must be valid date (yyyymm) between 9 months in future and 4 months in past	G A/C	If = 999998 and Pregnant women = Yes
56	Women with Dep Children	char 1	Must be valid code & female; male is Possible error	G A/C	If = 6 / 7 / 8 and SA client
57	~~Clozapine or Clozaril~~	~~char 1~~			
58	SA Prior Episode	char 1	Must be valid code	G A/C	If = 6 / 7 / 8 and SA client
59	~~Disposition at Term~~	~~char 1~~			
60	Drug Type Primary	char 4	Must be valid code; not SA client is Possible error	G/P A/C	If = 9996 / 9997 / 9998 / 0101 and SA client
61	Freq of Use Primary	char 1	Must be valid code	G A/C	If = 6 / 7 / 8 and Drug type valid
62	Route of Admin Primary	char 1	Must be valid code	G A/C	If = 6 / 7 / 8 and Drug type valid
63	Age First Use Primary	char 2	Must be numeric and between 00-98; 00 or over client age is Possible error	G/P A/C	If = 96 / 97 / 98 and Drug type valid
64	Drug Type Secondary	char 4	Same as #60	G/P A	Same as #60
65	Freq of Use Secondary	char 1	Same as #61	G A/C	Same as #61
66	Route of Admin Secondary	char 1	Same as #62	G A/C	Same as #62

67	Age First Use Secondary	char 2	Same as #63	G/P A/C	Same as #63
68	Drug Type Tertiary	char 4	Same as #60	G/P A	Same as #60
69	Freq of Use Tertiary	char 1	Same as #61	G A/C	Same as #61
70	Route of Admin Tertiary	char 1	Same as #62	G A/C	Same as #62
71	Age First Use Tertiary	char 2	Same as #63	G/P A/C	Same as #63
72	Deaf and Hard of Hearing	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
73	~~Traumatic Brain Injury~~	~~char 1~~			If = 6 / 7 / 8
74	Homeless Indicator	char 1	Must be valid code; conflict with field #21 is Possible error	G A/C	If = 6 / 7 / 8
75	State Guardianship	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
76	Primary Language	char 3	Must be valid code	G A/C	If = 996 / 997 / 998
77	English Ability	char 1	Must be valid code	G A/C	If = 6 / 7 / 8 and Primary Language NOT English
78	Client Field Review Date	date	Must be valid date before field #5	G A/C	If = 99999996 / 99999997 / 99999998
79	Head Injury	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
80	Head Injury Frequency	char 2	Must be valid code; conflict with field #79 is Possible error	G A/C	If = 96 / 97 / 98
81	Head Injury Medical	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
82	Race Am Indian	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
83	Race Asian	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
84	Race Black	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
85	Race Pacific	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
86	Race White	char 1	Must be valid code	G A/C	If = 6 / 7 / 8
87	Arrests	char 2	Must be valid code; value over 31 is Possible error	G/P A/C	If = 96 / 97 / 98 and SA client
88	Military History	Char 2	Must be valid code	P (for FY2010)	If = 96 / 97 / 98
	MH	bit	based on diagnosis codes		
	MR	bit	based on diagnosis codes		
	Alc	bit	based on diagnosis codes		
	Drug	bit	based on diagnosis codes		
	~~Fatal Error~~	~~bit~~	~~Not used~~		
	Cert	bit	indicates 'Certified' record		
	MH Rec	bit	indicates MH record per Data Dictionary definition		
	MH Cert	bit	indicates 'Certified' MH record		
	SA Rec	bit	indicates SA record per Data Dictionary definition		
	SA Cert	bit	indicates 'Certified' SA record		
	SA Cert Old	bit	indicates pre-12/06 'Certified SA record		

N/A and ~~strikethrough~~ indicate fields no longer required, edited or considered
New field 87 will NOT be counted for Accuracy or Completeness during the first FY of activity.
Fields after 87 are for internal use only.

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Note: Input records completely replace existing records for matching Year and Month. See previous note on how to remove individual records.

Under the error column;

F = Fatal error - field vital to record, entire record rejected, no further edit checks are performed

G = General error - invalid value, data recorded for reporting purposes, value changed to Unknown / Not Collected code (8 / 98 / etc)

NOTE: NOT counted in completeness accumulation

P = Possible error - value in this field should be reviewed as it is outside normal bounds or is in conflict with another field

A = Accuracy - this field checked for accurate values

C = Completeness - this field checked against Not Collected codes **for Status 1 clients ONLY**

NOTE: Some fields are considered for Completeness ONLY if the client's diagnosis puts them in the appropriate program. See the Incomplete Criteria column

NOTE: Only the following fields are REQUIRED for Client Status = 2 or 3, however, all fields containing data for status 2 clients will be edited;

- Region Number, Client ID, System Reporting Date (Month, Year), Client Status Code.

All other fields will be accepted ONLY if valid data is present. The only errors that may occur related to the other fields are when two fields containing valid data are in conflict, such as Pregnant Male clients and duplicate diagnostic codes.

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Note: For the purpose of cross-checking fields,

- if the client has ANY Axis Diagnosis that is a Mental Health diagnosis, then the client is a "MH" client;
- if the client has ANY Axis Diagnosis that is a Mental Retardation diagnosis, then the client is a "MR" client'
- if the client has ANY Axis Diagnosis that is an Alcohol or Drug diagnosis, then the client is a "SA" client;

(Clients may have dual or triple diagnosis)

NOTE: Fields that MAY be blank, but contain valid data, will be edited AND considered for Accuracy. This includes non-required fields for Client_Status = 2 records. These fields are NOT indicated with "A" in error column

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If total inaccurate fields / total possible accurate fields > 5%, then Acceptance = FAIL

If the number of incomplete values in a field / total records requiring this field > 5% for ANY of the fields considered for Completeness, then Completeness = FAIL

If submission received after the end of the month following the month for which the data applies, then Timeliness = FAIL

Input Record Format

1. System Reporting Date

Data field name - System_Reporting_Date
Sub field - Month
Sub field - Year

Length	Format	From	To	Fatal
8	YYYYMMDD	1	8	Yes

Description: Data submission date to the client data set. It is suggested that this be the date that the data was created for the file or the date that the file was submitted.

Valid Codes: Must be a valid date in the form YYYYMMDD.

Example: Submission Date is October 30, 2006.
Code = 20061030

Special Instructions:
1. Enter month and day using 2 digits each. Enter year using 4 digits.
2. If month or day is only one digit, please precede the digit with a zero.
3. Do not enter '/' or '-' in this field.
4. This date should be no later than the day the submission is received.

	Error Condition	Error Action
Fatal Error:	1. Invalid Date 2. System Reporting Date after submission date	Current record is rejected

2. Region Number

Data field name - Region_Number

Length	Format	From	To	Fatal
2	##	9	10	Yes

Description: Region collecting data on this element

Valid Codes:
01	Region 01 - Four Rivers Behavioral Health (Western Ky.)
02	Region 02 - Pennyroyal Center
03	Region 03 - River Valley Behavioral Health (Green River)
04	Region 04 - Lifeskills, Inc.
05	Region 05 - Communicare
06	Region 06 - Seven Counties Services
07	Region 07 - Northkey Community Care (Northern Ky.)
08	Region 08 - Comprehend, Inc.
09	Region 09 - Transitions
10	Region 10 - Pathways
11	Region 11 - Mountain Comprehensive Care Center
12	Region 12 - Kentucky River Community Care, Inc.
13	Region 13 - Cumberland River Comprehensive Care Center
14	Region 14 - Adanta (Lake Cumberland)
15	Region 15 - Bluegrass
16	Region 16 - The Healing Place

Special Instructions: 1. For regions 1-9, please be sure to precede the region number with a zero.

2. Must match region number specified in file name.

	Error Condition	Error Action
Fatal Error	Invalid Region	Current record is rejected

3. Client ID

Data field name - Client_ID

Length	Format	From	To	Fatal
9	#########	11	19	Yes

Description: Identifies client within the database using a unique identifier. This identifier should be the encrypted SSN using the established encryption methodology. Contact RDMC for the KDMHMRS Client ID Encryption Protocol.

Valid Codes: 9-character encrypted SSN.

	Error Condition	Error Action
Fatal Error:	Invalid encrypted SSN	Current record is rejected

4. Date of Birth

Data field name - Date_of_Birth

Length	Format	From	To	Fatal
8	YYYYMMDD	20	27	No

Description: Client's date of birth

Valid Codes: Valid date in the format YYYYMMDD
99999998 – Unknown (only valid if Field 6 – Client Status Code = 2)

Example: Client was born February 16, 1960
Code = 19600216

Special Instructions: 1 Do not enter '/' or '-' in this field.
2. Birth date must be prior to Field 9 - Admission Date and Field 1 - Reporting Date.
3. Birth date must not be more than 150 years prior to Field 1 - Reporting Date.
4. Not required if Client Status = 2.

	Error Condition	Error Action
General Error:	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Birth date more than 150 years ago 4. Code = 99999998 and Client Status = 1	Error reported Field set to Null in database
Possible Error:	Birth date more than 100 years ago	Error reported no change to database

5. Sex

Data field name - Sex

Length	Format	From	To	Fatal
1	#	28	28	No

Description: Client's Gender

Valid Codes:
1. Male
2. Female
6. Not Applicable (only valid if Field 6 – Client Status = 2/3)
7. ~~Unknown (only valid if Field 6 – Client Status = 2/3)~~
8. Not Collected (only valid if Field 6 – Client Status = 2/3)

Special Instructions: Do not leave this field blank.

	Error Condition	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database

Update Frequency: At time of Intake and if a subsequent medical procedure with respect to gender makes a change necessary.

6. Client Status Code
Data field name - Client_Status_Code

Length	Format	From	To	Fatal
1	#	29	29	Yes

Description: **Client Status 1:** Any person participating in a Center program for whom the Center has established or plans to establish an individual plan of care (e.g. Individual Support Plan, Treatment Plan, Service Plan) signed by a clinically licensed or certified professional and who has received one or more services during the current fiscal year. NOTE: Generally, any client who has received more than 3 services should be a Status 1 client.

Client Status 3 (Pseudo Client): This <u>special</u> reporting procedure / method is for Services and / or Purchases reported under DMHMRS Modifiers 24, 25, 73, 74 (NTE02, columns 7-9 - formally FAO-12) and should be used ONLY to report services / purchases when there is no single person against which the service may be counted. NOTE: 73 & 74 added in FY 2008

Client Status 2:   Any person who receives a service, as defined in event data service codes, during the current fiscal year, whose treatment is of brief duration, informational or educational in nature or who does not have a plan of care (at this time). The following services and associated programs have been identified as definitive of a client status 2 if the client has received ONLY these services.

DMHMRS Modifier 1 (FAO-12)	Service Description	Associated Program
04	PASRR-Level II Evaluation	MH/MR PASRR
06	Consultation PASRR	MH/MR PASRR
24	Miscellaneous Services Purchased	MH/MR Supported Living
25	Miscellaneous Goods Purchased	MH/MR Supported Living
70	DUI Education Services	SA-DUI
73	Consultation	MH/SA/MR
74	Outreach and Education	MH/SA/MR
83	Early Intervention/First Steps	MR-KEIS/First Steps

The following details apply to the associated programs listed above.

Division of Mental Retardation
❑ Supported Living – Code as Client Status 3 as defined in the CMHC Data Implementation Guide.

Division of Substance Abuse
- ❑ DUI – If only education and assessment are provided, code as Client Status 2. If any treatment services are provided, code as Client Status 1.

Division of Mental Health / Division of Mental Retardation
- ❑ PASRR **–** Client status 2 is used only for the evaluation, other MR PASRR services have codes in dataset and they should be client status 1.

NOTE: Clients who meet the following criteria may be considered **Valid Client Status 2**:
> 1) clients with 7 or fewer days between the first and last service
> or 2) clients with fewer than 5 services
> or 3) clients with fewer than 10 services within 60 days
> or 4) clients who average less than 1 service per month

or

> clients who have received JUST the above services. Clients who receive any other services should be coded Status 1.

Valid Codes:
    1. Client meeting definition of Client Status 1
    2. Client meeting definition of Client Status 2
    3. Pseudo Client (new 2004)

Special Instructions: Alternate editing processes will be used for those clients coded as 2 in this field. In particular, only the client ID field will be considered as fatal, and all other errors will be considered when calculating general and fatal error rates only if the field is completed.

	Error Condition	Error Action
Fatal Error:	Invalid Code	Current record is rejected

Update Frequency: At time of contact for Client Type 2. At time of Intake for Client Type 1. When a treatment plan is established for a Type 2, change to Type 1.

7. Provider Identifier (Site Code)
Data field name - Provider_Identifier

Length	Format	From	To	Fatal
6	XXXXXX	30	35	No

NOTE: "DELETE" in this field indicates a Client record to be removed from the data set. This code is only valid in data files with the naming convention …CX.DAT.

Description: Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service. This ID number is assigned by the individual center in keeping with the standard coding structure.

Valid Codes: See provider list on the Web
    999998 – Unknown/Not Collected (valid only if Field 6 – Client Status = 2 / 3)

Special Instructions: 1. Regions must submit provider id update forms to the department whenever sites are added, deleted, or changed.
    2. Updates may accompany monthly data submissions or may be submitted prior to monthly submissions.

3. All regions should left justify this element as required by the provider ID list.   The rest of the field should be left blank.

	Error Condition	Error Action
General Error:	1. Provider ID does not match provider listing 2. Code = '999998' and Client Status = 1	Error reported Field set to 999998 in database

Update Frequency: At time of Intake.

8. Initial Contact Date
Data field name - Initial_Contact_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	36	43	No

Note: this field no longer in use. Please zero fill or follow instructions below.

Description: Date of potential client's initial contact with CMHC by phone or otherwise. This field is not required but should be supplied when available.

Valid Codes: Valid date in the format YYYYMMDD.
                      If unknown, use 8 spaces or '99999998'

Example: August 26, 2006 - 20060826

9. Admission Date
Data field name - Admission_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	44	51	No

Description: Date when the client receives first direct service of this episode, including the initial intake.

Valid Codes: Valid date in the format YYYYMMDD.
                      If Field 6 – Client Status = 2, may be 8 spaces or '99999998'

Example: January 31, 2007 - 20070131

Special Instructions: 1. Must be prior or equal to Field 1 - System Reporting Date, **equal to or** after Field 4 - Date of Birth, and equal to or after 1/1/1960.
                           2. Do not enter '/' or '-' in this field.

	Error Condition(s)	Error Action
General Error:	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Date prior to Date of Birth and/or 1960 4. Code = 99999998 and Client Status = 1	Error reported Field set to Null in database

Update Frequency: When permission to treat is signed.

10. Race
Data field name - Race   dropped in 2006

Length	Format	From	To	Fatal

Length	Format	From	To	Fatal
1	#	52	52	No

Note: this field no longer in use, replaced by fields 80-84. Please zero fill or follow instructions below.

Description: Client's Race

Valid Codes:
1	White / Caucasian
2	Black / African American
3	American Indian / Alaskan Native
4	Asian
5	Alaskan Native (please use #3)
6	Native Hawaiian or Pacific Islander
7	Multi-racial
8	Not Applicable/Unknown/Not Collected
9	Other

Note: Japanese-Americans should be classified as 4-Asian and not 6-Pacific Islander

11. Hispanic Origin / Ethnicity
Data field name - Hispanic_Origin

Length	Format	From	To	Fatal
1	#	53	53	No

Description: Identifies client's specific Hispanic origin

Valid Codes:
0	Not of Hispanic Origin
1	Puerto Rican
2	Mexican
3	Cuban
4	Other Hispanic
6	Not Applicable
7	Unknown
8	Not collected

Note: Use "0" (Not of Hispanic Origin) for non-Hispanic clients, NOT "6" (Not Applicable)

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 6 – Client Status = 1	Counted against Completeness Standard

Update Frequency: At time of Intake.

12. Education
Data field name - Education

Length	Format	From	To	Fatal
2	##	54	55	No

Description: Specifies the highest school grade the client has <u>completed,</u> or the equivalent. Home schooled, special ed students, foreign students, and others may have differences between the number of years of schooling and the equivalent education level achieved.

Enter the nearest equivalent grade completed or education level achieved. NOTE: This is NOT the grade they are currently attending and may NOT necessarily be the number of years in school.

Valid Codes:		
	pre-school	95
	kindergarten	96
	no schooling	00
	grades 1 - 11	01 - 11
	high school graduate or GED	12
	1 to 3 years of education beyond high school	13 - 15
	four year college degree	16
	1 to 8 years of education beyond 4-year college degree	17 - 24
	more than 8 years of education beyond 4-year college degree	25
	education level unknown	97
	education level not applicable / not collected	98

Example: Client is currently in the 4th grade - Code = 03.
                       Client has completed a 4 year college degree plus 1 year of graduate school - Code = 17.

Special Instructions: If education is single digit, please precede with a zero.

	Error Condition(s)	**Error Action**
General Error:	Invalid Code	Error reported Field set to 98 in database
Completeness	Code = 97/98 in database and Field 6 – Client Status = 1	Counted against Completeness Standard

Update Frequency: At time of Intake and after a change in student status. Must be reviewed annually or whenever there is an indication that the status has changed.

13. Veteran Status

Data field name - Veteran_Status

Length	Format	From	To	Fatal
1	#	56	56	No

Note: this field no longer in use, replaced by field 86. Please pad field 13 with a space/blank or follow instructions below.

Description: Identifies whether the client has performed military service. If client has served in multiple actions, mark the most recent service. Military service is defined as anyone in the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, or Coast and Geodetic Survey.

Valid Codes:	0	No military service	**5**	**Any Military Service**
	1	~~World War II~~	6	Not Applicable
	2	~~Korean War~~	7	Unknown
	3	~~Vietnam War~~	8	Not Collected
	4	~~Persian Gulf War~~		

NOTE: Although codes 1-4 are acceptable, code **5** should be used for a client with any military service.

14. **Marital/Relational Status**

Data field name - Marital_Status

Length	Format	From	To	Fatal
1	#	57	57	No

Description: Describes the client's marital status/family structure in categories revised to be compatible with the U.S. Census.

Valid Codes:

1	Single/never married (or only marriage was annulled)		
2	Married	6	Separated
3	Divorced	7	Unknown
4	Co-habitating	8	Not Applicable/Not Collected
5	Widowed		

Example: Client is single - Code = 1

Note: Clients whose only marriage has been annulled should be coded as 1 – Never Married

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Code = 7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake and after change in legal marital status. Must be reviewed annually or whenever there is an indication that the status has changed.

15. Employment Status
Data field name - Employment_Status

Length	Format	From	To	Fatal
2	##	58	59	No

Description: Identifies client's current employment status.

Valid Codes:

01	Employed full time - 32 or more hours per week
02	Employed part time - 31 or less hours per week
03	Laid off from job
04	Looking for work/available for work during the last four weeks (Includes those clients who are out of work and not looking)
05	In the armed forces
06	Homemaker
07	Student or of school age (6-16)
08	Retired
09	Resident of institution/incarcerated
10	Child (preschool, under school age)(under 6)
11	Disabled
96	Not Applicable
97	Unknown
98	Not collected

Example: Seasonal workers employed full time are coded 01 (employed full time)

Note: Clients with a code of 10 – Child must be age 6 or under.

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 98 in database
Possible Error	Code is 10 and client is over age 6	Error reported No change to database
Completeness	Code = 96/97/ 98 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake and after leaving or entering employment.   Must be reviewed annually or whenever there is an indication that the status has changed.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

16. Income

Length	Format	From	To	Fatal
6	######	60	65	No

Note: this field no longer in use. Please zero fill or follow instructions below.

Description:	Annual <u>family</u> income of the client (in whole dollars).
	Family income is the amount reported on the IRS tax returns on the line titled "total income" or from the W-2 received from employers. Total income can also be the amount of public assistance received for a 12-month period or any other form of disability payments. For persons who file tax returns, total income is line 4 on the 1040EZ form, line14 on the 1040A form, and line 23 on the 1040 form.
Valid Codes:	000000-900000 999998=Unknown/Not Collected **Do NOT include comma or decimal**

17. SSI or SSDI or TANF
Data field name - SSI_or_SSDI

Length	Format	From	To	Fatal
1	#	66	66	No

Description:	Identifies whether the client is currently receiving SSI and/or SSDI or TANF. SSI = supplemental security income SSDI = social security disability income TANF = Temporary Assistance to Needy Families (formerly AFDC)
Valid Codes:	0 No - receives none 1 Yes - SSI only 2 Yes - SSDI only 3 Yes - both SSI and SSDI 4 Yes – TANF only 5 Yes – TANF and SSDI 6 Not Applicable 7 Unknown 8 Not collected

	Error Condition(s)	Error Action

General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

18. Primary Source of Income/Support
Data field name - Primary_Source_of_Inc_Sup

Length	Format	From	To	Fatal
1	#	67	67	No

Description: Identifies the primary source of client's income.

Valid Codes:
1	Wages/salary/self employed
2	Public assistance
3	Retirement/pension
4	Disability
5	Other sources
6	No income/support
7	Unknown
8	Not Applicable/Not Collected

Example: 60% of client's income is from TANF - Code = 2

	Error Condition(s)	**Error Action**
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Code = 7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake and after leaving or entering employment. Must be reviewed annually or whenever there is an indication that the status has changed.

19. Living Arrangements
Data field name - Living_Arrangements

Length	Format	From	To	Fatal
2	##	68	69	No

Description: Identifies client's living arrangements <u>at the time of admission</u>.
NOTE: see field #72 (Homeless) to record clients who have been homeless in the past 12 months.

Valid Codes:
<u>No Fixed Residence</u>
01	Homeless/uninhabitable dwelling
02	Mission/shelter
03	Hotel/motel

<u>Staffed Residence</u>
11	Staffed residence
12	Alcohol/Drug treatment facility

Non-Staffed Residence
21   Living in parent/guardian's residence
22   Living in own residence
23   Living in own residence with parent/guardian
24   Boarding home

Licensed Long-Term Facility
31   SNF (nursing home)
32   Personal care home
33   ICF/MR State facility
34   ICF/MR Private facility
35   Family care home

Other
41   Foster care
42   Jail/prison - local or state
43   Jail/prison – federal

96   Not Applicable
97   Unknown
98   Not Collected
99   Other

Example: Client lives in an apartment alone - Code = 22

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 98 in database
Completeness	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

20. Family Size

Length	Format	From	To	Fatal
2	##	70	71	No

Note: This field no longer in use. Please zero fill or follow instructions below.

Description: Number of household members on the family income (Internal Revenue Service definition)

Definition of family: Total number of personal exemptions claimed on the most recent federal tax return, form 1040ez, 1040a, or 1040. For person not filing tax returns, how many persons living in the home are dependent on the family income.

Valid Codes: 01-19   Actual number
20   Twenty or more
98   Unknown/Not collected

21. County of Residence
Data field name - County_of_Residence

Length	Format	From	To	Fatal
3	###	72	74	No

Description: County which the client considers his/her county of residence.

Valid Codes:

001-299	Actual county code - See County Code list in Appendix B. NOTE: codes > 120 represent states other than Kentucky
996	Not Applicable
997	Unknown
998	Not collected

Example: Client lives in Louisville - Jefferson county - Code = 056

Special Instructions:
1. See list of county codes, Appendix B.
2. If actual code is less than 100, please precede with zero(s).

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 998 in database
Completeness	Code = 996/997/998 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake and after relocation. Must be reviewed annually or whenever there is an indication that the status has changed.

22. Source of Referral - Primary

Data field name - Source_of_Ref_Primary

Length	Format	From	To	Fatal
2	##	75	76	No

Description: Defines who made the primary referral of the client to the program

Valid Codes:

Personal
01	Self
02	Employer
03	Family/friend
04	Self help group
05	Clergy

Judicial Systems
11	Police
12	State/Federal court
13	Formal adjudication process - other than state/federal court
14	Probation/parole
15	Recognized legal entity - other than probation/parole
16	DUI/DWI
17	Other criminal justice
18	Diversionary program
19	DJJ
20	Drug Court (new 2004)

Inpatient Treatment Facility
21	State funded Psych hospital
22	Other Psych hospital
23	SA Treatment Facility-State
24	SA Treatment Facility- Private

25	SNF/ICF/MR Facility-State
26	SNF/ICF/MR Facility-Private
27	Personal Care Home
28	General hospital

Agency Referral
31	Schools/Family resource center
32	Vocational Rehabilitation center
33	Community MH/MR center
34	DSS (DCBS)
35	Other social services agency
36	Health department
37	DSI

Physician
41	Private psychiatrist
42	Private psychiatric clinic
43	Physician
44	Private Therapist

Other
96	Not Applicable
97	Unknown
98	Not collected
99	Other

Example: Client talked to his minister about his drinking problem. The minister suggested the client call the local community MH/MR center. Code = 05 (Clergy)

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 98 in database
Completeness	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake.

23. Source of Referral - Secondary
Data field name - Source_of_Ref_Secondary

Length	Format	From	To	Fatal
2	##	77	78	No

Description: Defines who made the secondary referral of the client to the program.

Valid Codes: See codes for Field 22 - Source of Referral - Primary.

Special Instructions: If no secondary referral is present, enter 96, 97 or 98. All are acceptable.

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 98 in database

Update Frequency: At time of Intake.

24. DSS Involvement
Data field name - DSS_Involvement

Length	Format	From	To	Fatal
1	#	79	79	No

Description: Indicates if client has received services from the Department for Social Services.

Valid Codes:
0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Example: Client tells you he once received assistance from a caseworker with DSS in another city of your region about two years ago - Code = 1 (Yes)

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At time of Intake. Must be reviewed monthly.

25. Axis I Diagnosis 1 – Clinical Disorders/Conditions
Data field name - Axis_I_Diagnosis_1

Length	Format	From	To	Fatal
6	XXX.XX	80	85	No

Description: Actual ICD-9 or DSM-IV Axis I diagnosis

Valid Codes:
1. See Appendix F - Axis I and Axis II Diagnosis Codes
2. 000.00 (if no Axis I diagnosis present)

Special Instructions:
1. Must be a valid ICD-9 or DSM-IV Axis I code.
2. Must include decimal point.
3. Must be the EXACT code.
4. Should be coded '000.00' (or left blank) if no Axis I diagnosis is present.

	Error Condition(s)	Error Action
General Error:	1. Invalid Code 2. When two or more codes within the SAME group are the same (V71.09 & 799.9 & 000.00 are acceptable duplicates)	Error reported Field set to 000.00 in database

Update Frequency: At the completion of the treatment plan or after any revision to the treatment plan.

26. Axis I Diagnosis 2– Clinical Disorders/Conditions
Data field name - Axis_I_Diagnosis_2

Length	Format	From	To	Fatal

| 6 | XXX.XX | 86 | 91 | No |

Description: Same as Field 25.

27. Axis I Diagnosis 3– Clinical Disorders/Conditions
Data field name - Axis_I_Diagnosis_3

Length	Format	From	To	Fatal
6	XXX.XX	92	97	No

Description: Same as Field 25.

28. Axis I Diagnosis 4– Clinical Disorders/Conditions
Data field name - Axis_I_Diagnosis_4

Length	Format	From	To	Fatal
6	XXX.XX	98	103	No

Description: Same as Field 25.

29. Axis I Diagnosis 5– Clinical Disorders/Conditions
Data field name - Axis_I_Diagnosis_5

Length	Format	From	To	Fatal
6	XXX.XX	104	109	No

Description: Same as Field 25.

30. Axis I Diagnosis 6– Clinical Disorders/Conditions
Data field name - Axis_I_Diagnosis_6

Length	Format	From	To	Fatal
6	XXX.XX	110	115	No

Description: Same as Field 25.

31. Axis II Diagnosis 1- Mental Retardation and Personality Disorders
Data field name - Axis_II_Diagnosis_1

Length	Format	From	To	Fatal
6	XXX.XX	116	121	No

Description: Actual ICD-9 or DSM-IV Axis II diagnosis.

ICD-9 or DSM-IV diagnoses for Mental Retardation and Personality Disorders are to be recorded on Axis II. No other diagnosis shall be recorded on Axis II with the exception of

those vague diagnoses referring to either Axis I or Axis II such as no diagnosis or diagnosis deferred.

Valid Codes:
1. See Appendix F - Axis I and Axis II Diagnosis Codes
2. 000.00 (if no Axis II diagnosis present)

Special Instructions:
1. Must be a valid ICD-9 or DSM-IV Axis II code.
2. Must include decimal point.
3. Must be the EXACT code.
4. Should be coded '000.00' (or left blank) if no Axis II diagnosis is present

	Error Condition(s)	**Error Action**
General Error:	1. Invalid Code 2. When two or more codes within the SAME group are the same (V71.9 & 799.9 & 000.00 are acceptable duplicates)	Error reported Field set to 000.00 in database

Update Frequency: At the completion of the treatment plan or after a revision to the treatment plan.

32. Axis II Diagnosis 2- Mental Retardation and Personality Disorders
Data field name - Axis_II_Diagnosis_2

Length	Format	From	To	Fatal
6	XXX.XX	122	127	No

Description: Same as Field 31.

33. Axis II Diagnosis 3- Mental Retardation and Personality Disorders
Data field name - Axis_II_Diagnosis_3

Length	Format	From	To	Fatal
6	XXX.XX	128	133	No

Description: Same as Field 31.

34. Axis II Diagnosis 4- Mental Retardation and Personality Disorders
Data field name - Axis_II_Diagnosis_4

Length	Format	From	To	Fatal
6	XXX.XX	134	139	No

Description: Same as Field 31.

35. Axis III Diagnosis 1 – General Medical Conditions
Data field name - Axis_III_Diagnosis_1

Length	Format	From	To	Fatal
6	XXX.XX	140	145	No

Description: Actual Axis III physical diagnosis

Valid Codes:	1. Any valid ICD-9 or DSM-IV code	
	2. 000.00 (if no Axis III diagnosis present)	
Special Instructions:	1. Must be a valid ICD-9 or DSM-IV code.	
	2. Must include decimal point.	
	3. Must be the EXACT code.	
	4. Should be coded '000.00' (or left blank) if no Axis III diagnosis is present.	

	Error Condition(s)	Error Action
General Error:	1. Invalid Code 2. When two or more codes within the SAME group are the same (V71.9 & 799.9 & 000.00 are acceptable duplicates)	Error reported Field set to 000.00 in database

Update Frequency: At the time of Intake and after testing for or hospitalization for any contributing illness.

36. Axis III Diagnosis 2 – General Medical Conditions
Data field name - Axis_III_Diagnosis_2

Length	Format	From	To	Fatal
6	XXX.XX	146	151	No

Description: Same as Field 35.

37. Axis III Diagnosis 3 – General Medical Conditions
Data field name - Axis_III_Diagnosis_3

Length	Format	From	To	Fatal
6	XXX.XX	152	157	No

Description: Same as Field 35.

38. Axis III Diagnosis 4 – General Medical Conditions
Data field name - Axis_III_Diagnosis_4

Length	Format	From	To	Fatal
6	XXX.XX	158	163	No

Description: Same as Field 35.

39. Primary Diagnosis Indicator
Data field name - Primary_Diagnosis_Ind

Length	Format	From	To	Fatal
6	XXX.XX	164	169	No

Description: Field which indicates the patient's primary diagnosis.

DEFINITION OF PRIMARY DIAGNOSIS: The condition which is the main focus or attention or treatment, usually the condition for which the client initially sought treatment.

For example, a client is initially seen at CMHC following inpatient hospitalization for follow-up of Schizophrenia. During the course of treatment it is discovered the client also has a substance abuse problem and client is treated for substance abuse. Schizophrenia remains under treatment and remains the primary diagnosis.

Valid Codes: Must be a valid ICD-9 or DSM-IV code **and** must be present in one of the diagnosis fields 25-38. See Appendix F - Axis I and Axis II Diagnosis Codes.

Special Instructions: 1. Must be a valid ICD-9 or DSM-IV code.
2. Must include decimal point.
3. Must be the EXACT code.

	Error Condition(s)	**Error Action**
General Error:	1. Invalid Code 2. Code '000.00' and Field 6 – Client Status = 1	Error reported Field set to 000.00 in database
Possible Error	Diagnosis not in fields 25-38 (Axis I, II, & III)	Error reported No change to database

Update Frequency: At the time of Intake and after testing for or hospitalization for any contributing illness.

40. Severe Mental Illness (SMI or CMI)
Data field name - Severe_Mental_Illness

Length	Format	From	To	Fatal
1	#	170	170	No

Description: SMI, also known as CMI (chronic mental illness), identifies clients age 18 and over who meet the priority target population definition for severe/chronic mental illness.

This description is based on the dimensions of diagnosis, disability, and duration. Additional information describing these dimensions may be found in the Request for Funding Manual.

Valid Codes:
0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Special Instructions: Applicable to all clients who have any Mental Health diagnosis For a listing of MH diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.2. If not applicable, set Code = 0.

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 8 in database
General Error:	Code = 1 and Client's age <18	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Mental Health Diagnosis present	Counted against Completeness Standard

Update Frequency: After staffing or change of diagnostic status to meet SMI criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

41. Severe Emotional Disability (SED)
Data field name - Severe_Emotional_Dis

Length	Format	From	To	Fatal

Length	Format	From	To	Fatal
1	#	171	171	No

Description: Identifies children, under the age of 18, who meet the priority/target population definition for SED.

This description is based on a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the DSM IV.

Additional information on the definition is found in the Request for Funding Manual.

Valid Codes:
- 0 No
- 1 Yes (SED)
- 2 Impact program clients (defined as an SED child who has been accepted into the Impact program by the RIAC.)
- 6 Not Applicable
- 7 Unknown
- 8 Not collected

Special Instructions:
1. Applicable to all clients which have any Mental Health diagnosis. For a listing of MH diagnosis codes , see Appendix F - Axis I and Axis II Diagnosis Codes
2. If not applicable, set Code = 0.
3. SED refers to clients under 18 years of age. However, clients over 17 and under 21 years of age may still be coded as SED if they were classified as being SED prior to reaching 18 years of age.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
General Error:	Code = 1 or 2 and Client's age > 20	Error reported Field set to 8 in database
Possible Error:	Code = 1 or 2 and Client's age > 17 and < 21	Error reported No change made to database
Completeness	Code = 6/7/8 in database and Mental Health Diagnosis present	Counted against Completeness Standard

Update Frequency: After staffing or change of diagnostic status to meet SED criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

42. Methadone

Data field name - Methadone

Length	Format	From	To	Fatal
1	#	172	172	No

Description: Identifies a client in the alcohol or drug program who answers yes to the question "Are you currently a client in a methadone, LAAM, Buprenorphine or other opioid replacement therapy maintenance program?"

Valid Codes:
- 0 No
- 1 Yes
- 6 Not Applicable
- 7 Unknown
- 8 Not collected

Special Instructions: 1. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes , see Appendix F - Axis I and Axis II Diagnosis Codes
       2. If not applicable, set Code = 6.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Possible Error:	Code = 1 and no Substance Abuse Diagnosis present	Error reported No change to database.
Completeness	Code = 6/7/8 in database and Substance Abuse Diagnosis present	Counted against Completeness Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

43. IV Drug User

Data field name - IV_Drug_User

Length	Format	From	To	Fatal
1	#	173	173	No

Description: Identifies a client in the alcohol or drug program who answers yes to the question "In your lifetime, have you ever used drugs intravenously?"

Valid Codes:
0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Special Instructions: 1. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes
       2. If not applicable, set Code = 8

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Possible Error:	Code = 1 and no Substance Abuse Diagnosis present	Error reported No change to database.
Completeness	Code = 6/7/8 in database and Substance Abuse Diagnosis present	Counted against Completeness Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

44. Co-Dependent/Collateral

Data field name - Co_Dependent_Collateral

Length	Format	From	To	Fatal
1	#	174	174	No

Description: A client in the alcohol or drug program who may or may not have a primary substance abuse diagnosis, but is in treatment for a substance abuse problem relative to a family member or significant other. Has an affirmative response to the question "Are you seeking services because of problems arising from your relationship with an alcohol or drug user?"

	Valid Codes:	0	No
		1	Yes
		6	Not Applicable
		7	Unknown
		8	Not collected

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

45. DUI Conviction
Data field name - DUI_Conviction

Length	Format	From	To	Fatal
1	#	175	175	No

Description: A client in the alcohol or drug program who answers yes to the question "Are you receiving services at this agency as a result of a DUI conviction?"

Valid Codes: 0   No
                   1   Yes
                   6   Not Applicable
                   7   Unknown
                   8   Not collected

NOTE: The diagnosis of substance abuse states that the problem is recurrent. Therefore, a client with one DUI may not fit the diagnosis of substance abuse. It is not uncommon for people with one DUI to not meet the criteria for abuse. Therefore, a "yes" answer to this question does not mean that the client would have a diagnosis of substance abuse. (per SA Division on 3/29/2005)

Special Instructions: 1. Applicable to all clients who have any Substance Abuse diagnosis
                            2. Clients with a DUI Conviction, but no SA diagnosis, may be recorded as Yes
                            2. If not applicable, set Code = 8

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Substance Abuse Diagnosis present	Counted against Completeness Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

46. Developmental Disability/Developmental Delay
Data field name - Developmental_Dis_Delay

Length	Format	From	To	Fatal
1	#	176	176	No

Description: Identifies the client as meeting the definition of developmental delay or developmental disability as specified below:

Code #1 - Developmental Delay (under age 10)

In order to be considered developmentally delayed a child shall be under age 10 years (birth through the day prior to the 10th birthday) and shall, by appropriate diagnostic instruments and procedures, or professional judgment, be determined to be significantly behind developmental norms in the following skill areas:

       1. Cognitive Development
       2. Communication Development
       3. Physical Development (including vision and hearing)
       4. Social or Emotional Development
       5. Adaptive Development

In order to be significantly behind developmental norms in the above skill areas the child shall meet one of the following criteria:
       two standard deviations below the mean in one skill area
            or
       at least one and one-half standard deviations below the mean in two skill areas

ESTABLISHED RISK: A child shall be under 10 years of age and diagnosed with physical or mental conditions which have a high probability of resulting in developmental delay.

Code # 2 - Developmental Disability (10 years or older)

Severe, chronic disability of a person 10 years of age or older which:
    A) Is attributable to a mental and/or physical impairment
    B) Is manifested before a person reaches the age of 22
    C) Is likely to continue indefinitely
    D) Results in substantial functional limitations in three or more of the
   following areas of major life activity:
       1) self-care
       2) receptive and expressive language
       3) learning
       4) self-direction
       5) capacity for independent living
       6) economic self-sufficiency
    E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

Valid Codes:

0	Neither
1	Developmental Delay
2	Developmental Disability
6	Not Applicable
7	Unknown
8	Not collected

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Possible Error:	Code = 1 and client's age >= 10 or Code = 2 and client's age < 10	Error reported No change to database
Completeness	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: After staffing and/or testing. Must be reviewed annually or whenever there is an indication that the status has changed.

47. Client 2 Description

Length	Format	From	To	Fatal
1	#	177	177	No

Note: this field no longer in use. Please zero fill or follow instructions below.

Description: Further description of why client is coded a "2" in Field 6 - Client Status.

Valid Codes:

0	Not Applicable (Field 6 – Client Status Code = 1)
1	Client did not continue service
2	Client placed on a waiting list
3	Clients who just received respite
4	PASAAR client
5	Assessment/evaluations (include school, DUI, etc.)
6	Other evaluations (include jail diversions - if no evaluation is done, include in code 2)
7	Subcontracted services
8	KEIS client
9	Other

48. Victim of Rape/Sexual Assault/Sexual Abuse
Data field name - Vic_of_Rape_Sex_Assault

Length	Format	From	To	Fatal
1	#	178	178	No

Description: By definition, this population includes both clients who present one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

Note: Sexual abuse includes sexual victimization as a child.

Valid Codes:

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

49. Victim of Domestic Abuse (formally Physical Abuse) Changed 2004
Data field name - Victim_of_Physical_Abuse

Length	Format	From	To	Fatal
1	#	179	179	No

Description: By definition, this population includes both clients who present the problem of being physically abused by a family member by blood or marriage, an intimate partner, or a person with whom they have a child in common and those who acknowledge this issue after treatment services begin.

Valid Codes:
- 0 No
- 1 Yes, unknown whether they are currently seeking treatment for this issue
- 2 Yes, not seeking treatment for this issue
- 3 Yes, currently seeking treatment for this issue
- 6 Not Applicable
- 7 Unknown
- 8 Not Collected

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of Intake and after any event of domestic abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

50. Perpetrator of Rape/Sexual Assault/Sexual Abuse
Data field name - Perp_of_Rape_Sex_Assault

Length	Format	From	To	Fatal
1	#	180	180	No

Description: By definition, this population includes both clients who present one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

Valid Codes:
- 0 No
- 1 Yes, unknown whether they are currently seeking treatment for this issue
- 2 Yes, not seeking treatment for this issue
- 3 Yes, currently seeking treatment for this issue
- 6 Not Applicable
- 7 Unknown
- 8 Not Collected

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

51. Perpetrator of Domestic Abuse (formally Physical Abuse) Changed 2004
Data field name - Perp_of_Physical_Abuse

Length	Format	From	To	Fatal
1	#	181	181	No

Description: By definition, this population includes both clients who present with the problem of being a domestic abuse perpetrator and those that present with other problems initially but acknowledge being a perpetrator of domestic abuse after treatment services have begun. This should also include all clients referred by the criminal justice system or Department for Community Based Services for domestic violence or child abuse treatment services, except those involving sexual abuse.

Domestic Abuse is commonly defined as a pattern of controlling and/or coercive behaviors including physical violence, emotional abuse, and attempts to control the environment of persons who are related by blood or marriage, have a child in common, or past or present intimate partners.

In cases where a client is referred to the center for court-ordered domestic violence offender treatment services, the client should be coded as "3 = Yes, currently seeking treatment"

Valid Codes:
0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of Intake and after any event of Physical Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

52. Pregnant Women

Data field name - Pregnant_Women

Length	Format	From	To	Fatal
1	#	182	182	No

Description: A **female** client in a <u>Substance Abuse program</u> who answers yes to the question "Are you pregnant?"

Valid Codes:
0	No
1	Yes
6	Not Applicable (used when client is Male or Female is NOT in SA program)
7	Unknown
8	Not Collected

Special Instructions: 1. Code 1 is eligible for payment against the substance abuse block grant set aside for pregnant women.
2. Applicable to all clients which have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.

	Error Condition	Error Action
General Error:	1. Invalid code	Error reported

Possible Error:	Code = 1 and Field 5 - Sex = 1 (Male)	Field set to 8 in database
	Code = 1 and Client NOT in SA program	No change to database
Completeness	Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 – Sex = 2 (female)	Counted against Completeness Standard

Update Frequency: At the time of Intake and after discovery of pregnancy. If the Code = 1 (Yes), it should be changed to Code = 0 (No) as soon as the client is no longer eligible for the SA Block Grant. Must be reviewed annually or whenever there is an indication that the status has changed.

53. Pregnant Women - Due Date
Data field name - Due_Date

Length	Format	From	To	Fatal
6	YYYYMM	183	188	No

Description: Identifies the month and year of the expected birth of the child.

Valid Codes: 1. Valid date in the year and month format (YYYYMM).
2. 999998 - Not Applicable/Unknown/ Not collected

Example: Client is pregnant. Due date is May, 2006. Code = 200605

Special Instructions: 1. Applicable to all Substance Abuse clients who have Field 52 (Pregnant Women) = 1
2. If not applicable set Code = 999998.

	Error Condition	**Error Action**
General Error:	1.Invalid code
2.Code = 999998 and Field 52-Pregnant Women = 1
3. ~~Date is more than four months prior to System Reporting Date or~~ more than nine months from System Reporting Date.
4. Date is before 4/1 of prior Fiscal Year	Error reported
Field set to 999998 in database

Update Frequency: At the time of Intake and after discovery of pregnancy. This field should be changed to '999998' when field 52 is changed to 0. Must be reviewed annually or whenever there is an indication that the status has changed.

54. Women with Dependent Children
Data field name - Women_with_Dep_Children

Length	Format	From	To	Fatal
1	#	189	189	No

Description: A **female** client in Substance Abuse program who answers yes to the question   "Do you have one or more dependent children?"

Valid Codes:
0	No
1	Yes
6	Not Applicable (used when client is Male, or Female is NOT in SA program)
7	Unknown
8	Not Collected

Special Instructions: 1. Code 1 is eligible for payment against the substance abuse block grant set aside for women with dependent children.
2. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.
3. If not applicable, use Code = 6.

	Error Condition	Error Action
General Error:	1. Invalid code	Error reported
Possible Error:	Code = 1 and Field 5 - Sex = 1 (Male)	Field set to 8 in database
	Code = 1 and Client NOT in SA program	No change to database
Completeness	Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 – Sex = 2 (female)	Counted against Completeness Standard

Update Frequency: At the time of Intake and after delivery or change in legal household status. Must be reviewed annually or whenever there is an indication that the status has changed.

55. Clozapine or Clozaril

Length	Format	From	To	Fatal
1	#	190	190	No

Note: This field no longer in use. Please zero fill or follow instructions below.

Description: Identifies those clients who receive the medication clozaril (clozapine). Individuals taking clozaril must agree to an intensive clinical medical management (i.e. weekly monitoring, laboratory test).

Valid Codes:
0   No
1   Yes
8   Unknown/Not collected

56. Substance Abuse Prior Treatment Episode
Data field name - SA_Prior_Episode

Length	Format	From	To	Fatal
1	#	191	191	No

Note: This field no longer in use. Please leave blank or follow instructions below.

Description: Identifies the total number of prior treatment episodes in any Substance Abuse treatment program.

Valid Codes:
0-4   Actual number of prior treatments
5   Five or more
6   Not Applicable
7   Unknown
8   Not Collected

Example: A first treatment would be coded 0 because there are no prior treatments.

Special Instructions: 1. Applicable to clients who have any Substance Abuse diagnosis. For a list of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.
2. If client is in a SA program, enter a zero if no prior treatments.
3. If not applicable, use Code = 8.

57. Disposition at Termination

Length	Format	From	To	Fatal
1	#	192	192	No

Note: This field no longer in use. Please zero fill or follow instructions below.

Description: Disposition at closure of chart.

Valid Codes:
0	Client actively receiving service
1	Met treatment goals/completed treatment
2	Client no longer seeking treatment
3	Referral to more appropriate resource
4	Moved out of service area
5	Against staff advice
6	Discharge-non compliance
7	Incarcerated
8	Death
9	Other

58. Drug Type Code, Primary ~~at Admission~~
Data field name - Drug_Type_Primary

Length	Format	From	To	Fatal
4	####	193	196	No

Description: Identifies the client's primary substance abuse problem at admission AND at discharge from a Substance Abuse program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Abuse program. Since a client is considered 'discharged' when there has been a gap of more than 30 days between SA services, this field will have to be updated when (if) the client resumes SA services.

Valid Codes:
1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type Codes))
2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Example: A client is admitted with dependence on a benzodiazepine tranquilizer. If it is known that the specific drug is valium, the code would be 1304.

Special Instructions: 1. Applicable to all clients which have any Substance Abuse diagnosis. For a list of SA diagnosis codes, see the appropriate reports for Axis I and Axis II Diagnosis Codes listings.
2. For clients with no SA diagnoses, enter 9998 (to keep current year in line with past years, use 9998 for clients with no SA diagnosis rather than 9996)
3. NOTE: Coding a Tobacco drug type in this field (or the Secondary / Tertiary fields) does NOT cause the system to put the client in a SA program / category.

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 9998 in database
Possible Error:	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database
Completeness	Code = 9996/9997/9998 or 0101 in database and Substance Abuse diagnosis present	Counted against Completeness Standard

Update Frequency: At the time of Intake.

NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

59. Frequency of Use - Primary
Data field name - Freq_of_Use_Primary

Length	Format	From	To	Fatal
1	#	197	197	No

Description: Identifies the frequency of use of the primary drug type at the time of admission or discharge to this episode of treatment.

Valid Codes:
1   No use in past month
2   1-3 times in past month
3   1-2 times in past week
4   3-6 times in past week
5   Daily
6   Not Applicable
7   Unknown
8   Not Collected

Special Instructions: Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =6/7/8 in database and Field 58-Drug Type Code, Primary <> 0101 or 9996, 9997, 9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

60. Route of Administration - Primary
Data field name - Route_of_Admin_Primary

Length	Format	From	To	Fatal
1	#	198	198	No

Description: Identifies the usual route of administration of the primary drug.

Valid Codes:
1   Oral
2   Smoking
3   Inhalation
4   Injection
6   Not Applicable
7   Unknown
8   Not Collected
9   Other

Example: Client A snorts cocaine - Code = 3
Client B injects cocaine - Code = 4

Special Instructions: Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	Error Action

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Code = 6/7/8 in database and Field 58-Drug Type Code Primary at Admission <> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.

61. Age of First Use or Alcohol Intoxication - Primary
Data field name - Age_First_Use_Primary

Length	Format	From	To	Fatal
2	#	199	200	No

Description: For alcohol, this records the age of first alcohol intoxication.
For all other substances, this identifies the age of first use of the primary substance.

Valid Codes:
00	Newborn with substance dependency at birth
01-95	Client age at first use
	NOTE: if client started after the age of 95, use code 95
96	Not Applicable
97	Unknown
98	Not Collected

Example: Client A, in alcohol treatment, first drank to intoxication at age sixteen. - Code = 16.
Client B, in drug treatment, began using cocaine at age twenty one. - Code = 21.

Special Instructions: Required if Drug Type Code, Field 58 - Primary at Admission <> 0101 or 9996/9997/9998.
Must be less than or equal to the client's current age

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 58-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than the client's current age	Error reported No change to database
Completeness	Code = 96/97/98 in database and Field 58-Drug Type Code, Primary <> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.

62. Drug Type Code, Secondary ~~at Admission~~
Data field name - Drug_Type_Secondary

Length	Format	From	To	Fatal
4	####	201	204	No

Description: Identifies the clients secondary substance abuse problem at admission AND at discharge from a Substance Abuse program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Abuse program. Since a client is considered 'discharged' when there has been a gap of more than 30 days between SA services, this field will have to be updated when (if) the client resumes SA services.

Valid Codes: 1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type Codes))

2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Special Instructions: 1) If applicable, do not leave blank.
2) If the value submitted for this field is a valid drug code, it should not repeat the drug code included in Field 58 (Drug Code – Primary) unless the Route of Administration is different for the two drugs. Drug Code 0101 (None) is excluded from this rule. Also excluded is any drug code that refers to multiple drugs (e.g., Code 2002 – Other Drugs, Code 0902 – Other Hallucinogens, Code 1109 – Other Amphetamines, etc.).

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 9998 in database
Possible Error:	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database
Possible Error (General Error in 2010)	Field is valid drug code and it repeats the drug code in Field 58 (Drug Code- Primary) and the Route of Administration is the same.	Error reported Field set to 9998 in database

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

63. Frequency of Use - Secondary
Data field name - Freq_of_Use_Secondary

Length	Format	From	To	Fatal
1	#	205	205	No

Description: Identifies the frequency of use of the secondary drug type at the time of admission or discharge to this episode of treatment.

Valid Codes: Same as Field 59 - Frequency of Use - Primary at Admission

Special Instructions: Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =6/7/8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

64. Route of Administration - Secondary
Data field name - Route_of_Admin_Secondary

Length	Format	From	To	Fatal
1	#	206	206	No

Description: Identifies the usual route of administration of the secondary drug.

Valid Codes:	Same as Field 60	
Special Instructions:	Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.	

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =6/7/8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.

65. Age of First Use or Alcohol Intoxication - Secondary
Data field name - Age_First_Use_Secondary

Length	Format	From	To	Fatal
2	#	207	208	No

Description:	For alcohol, this identifies the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the secondary substance.

Valid Codes:		
	00	Newborn with substance dependency
	01-95	Clients age at first use NOTE: if client started after the age of 95, use code 95
	96	Not Applicable
	97	Unknown
	98	Not Collected

Special Instructions:	Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998. Must be less than or equal to the client's current age

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 62-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than the client's current age	Error reported No change to database
Completeness	Field =96/97/98 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.

66. Drug Type Code, Tertiary ~~at Admission~~
Data field name - Drug_Type_Tertiary

Length	Format	From	To	Fatal
4	####	209	212	No

Description: This identifies the clients tertiary substance abuse problem at admission AND at discharge from a Substance Abuse program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Abuse program. Since a client is considered 'discharged' when there has

been a gap of more than 30 days between SA services, this field will have to be updated when (if) the client resumes SA services.

Valid Codes:	1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type Codes)) 2. 9996 - Not Applicable 3. 9997 - Unknown 4. 9998 - Not collected

Special Instructions: 1) If applicable, do not leave blank.

2) If the value submitted for this field is a valid drug code, it should not repeat the drug code included in Field 58 (Drug Code – Primary) or Field 62 (Drug Code – Secondary) unless the Route of Administration is different for the two drugs. Drug Code 0101 (None) is excluded from this rule. Also excluded is any drug code that refers to multiple drugs (e.g., Code 2002 – Other Drugs, Code 0902 – Other Hallucinogens, Code 1109 – Other Amphetamines, etc.).

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 9998 in database
Possible Error:	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database
Possible Error (General Error in 2010)	Field is valid drug code and it repeats the drug code in Field 58 (Drug Code- Primary) or Field 62 (Drug Code – Secondary) and the Route of Administration is the same.	Error reported Field set to 9998 in database

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

67. Frequency of Use - Tertiary
Data field name - Freq_of_Use_Tertiary

Length	Format	From	To	Fatal
1	#	213	213	No

Description: Identifies the frequency of use of the tertiary drug type at the time of admission to this episode of treatment.

Valid Codes: Same as Field 59 - Frequency of Use, Primary at Admission

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/ 9998.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =6/7/8 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

68. Route of Administration - Tertiary
Data field name - Route_of_Admin_Tertiary

Length	Format	From	To	Fatal
1	#	214	214	No

Description: Identifies the usual route of administration of the tertiary drug.

Valid Codes: Same as Field 60

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/ 9998.

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =6/7/8 in database and Field 66-Drug Type Code, Tertiary<> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.

69. Age of First Use or Alcohol Intoxication - Tertiary
Data field name - Age_First_Use_Tertiary

Length	Format	From	To	Fatal
2	#	215	216	No

Description: For alcohol, this identified the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the tertiary substance.

Valid Codes:
00	Newborn with substance dependency
01-95	Clients age at first use
96	Not Applicable
97	Unknown
98	Not Collected

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/ 9998.
                        Must be less than or equal to the client's current age

	Error Condition	**Error Action**
General Error:	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 66-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than client's current age	Error reported No change to database
Completeness	Field =96/97/98 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9996/9997/9998	Counted against Completeness Standard

Update Frequency: At the time of Intake.

70. Deaf and Hard of Hearing
Data field name - Deaf_and_Hard_of_Hearing

Length	Format	From	To	Fatal
1	#	217	217	No

Description: By definition, this population includes clients who are either deaf or hard of hearing.

Deaf: The presence of a significant hearing loss sufficient to make communication by auditory means impractical for daily communication.

Hard of Hearing: The presence of a significant hearing loss which impairs auditory communication, hard of hearing refers to those people who rely on their residual hearing and speech for communication. This distinction between deaf and hard of hearing is not a medical or auditory one but a reflection of communication preference and cultural identity.

Valid Codes:
0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

71. Acquired or Traumatic Brain Injury   dropped 2006
Data field name - Traumatic_Brain_Injury

Length	Format	From	To	Fatal
1	#	218	218	No

Note: this field no longer in use, replaced by fields 77 - 79. Please zero fill or follow instructions below.

Description: An acquired or traumatic brain injury is an injury with structural, non-degenerative brain damage. This injury is one that is not hereditary, congenital or degenerative, and it is an injury that occurs after birth. An acquired or traumatic brain injury is not a disease process that results in deterioration of the brain and its function.

Injuries within the scope of this definition may include:

(a) central nervous system injury from a physical trauma
(b) central nervous system damage from anoxia or hypoxic episode
(c) central nervous system damage from an allergic condition, toxic substance or other acute medical incident

The following conditions are NOT considered to be acquired or traumatic brain injuries, for the purposes of this definition:

(a) spinal cord injuries in which there are no known or obvious injuries to the intracranial central nervous system
(b) progressive dementia and other mentally impairing conditions of a chronic degenerative nature such as senile dementia, organic brain disorders, Alzheimer's Disease, alcoholism or other addictions
(c) depression and psychiatric disorders in which there is no known or obvious central nervous system damage
(d) mental retardation without an etiology to the acquired brain injury
(e) birth defect related disorders

Valid Codes: 0   No
                        1   Yes

6	Not Applicable		
7	Unknown		
8	Not Collected		

72. **Homeless Indicator** (new 2004)

Data field name - Homeless_Indicator

Length	Format	From	To	Fatal
1	#	219	219	No

Description: **A Homeless Person is:**
- A Client who answers YES to the question; "Are you now, or have you been homeless in the past 12 months?"
- One who lacks a fixed, regular or adequate nighttime residence, including anyone who is sleeping on the streets, in temporary hotel facilities, on a riverbank, in an out building, in caves or in a vehicle.
- One who is living in housing that is condemned or in an abandoned building.
- One who has as a primary nighttime residence a publicly or privately operated shelter designed to provide temporary living accommodations. All residents of domestic violence shelters are included. All residents of youth shelters are included except children that are wards of the state.
- One who has as a primary nighttime residence a public or private place not designated as a regular sleeping accommodation, including anyone who is sleeping in a movie theatre, restaurant, office or post office.
- One who is exiting an institution (including prisons, jails, mental health facilities and/or hospitals) and persons who have been evicted or displaced who do not have the financial or family support resources to obtain housing.

Valid Codes:
0	No	
1	Yes	
6	Not Applicable	
7	Unknown	
8	Not Collected	

Special Instructions: Screen every applicant.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

73. **State Guardianship** (new 2006)

Data field name - State_Guardianship

Length	Format	From	To	Fatal
1	#	220	220	No

Description: Indicates if Client (regardless of age) is a State Guardianship Client

Note: To answer "Yes", the client must be affirmed by DCBS's (Department for Community Based Services) legal "State Guardianship" status. This status is assigned by court through an established process.

NOTE: A person's 'living arrangement' such as a prison, half-way house, home, etc. does not determine them as a "State Guardianship" client. The DCBS legal process must be followed through the courts to declare someone an official "Guardian" of the state.

Valid Codes: 0   No
                1   Yes
                6   Not Applicable
                7   Unknown
                8   Not Collected

	Error Condition(s)	Error Action
General Error (Possible Error)	Invalid Code	Error reported, field set to '8' in Database
Completeness	Code = 6/7/8 in submission and Client Status Code = 1	Counted against Completeness Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

74. **Primary Language Used by Client** (new 2006)
Data field name - Primary_Language

Length	Format	From	To	Fatal
3	XXX	221	223	No

Description: Indicates the primary language used by the Client

Valid Codes: Any valid ISO 639 3-character language code. See "Language Codes" report in the REPORTS drop down box with the Data Set Implementation Guide on the web   The first page of the report lists the 46 most common languages used in Kentucky. The remaining pages list the rest of the over 400 languages listed. If you cannot find the applicable language in the report, contact RDMC.

Examples:
        ENG   American / English
        ASL   American Sign Language
        SPA   Spanish
        996   Not Applicable
        997   Unknown
        998   Not Collected

	Error Condition(s)	Error Action
General Error (Possible Error)	Invalid Code	Error reported, field set to '998' in Database
Completeness	Code = 996/997/998 in submission and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

75. **Ability to Understand English** (new 2006)
Data field name - English_Ability

Length	Format	From	To	Fatal
1	#	224	224	No

Description: Indicates the interviewer's assessment of how well the Client is able to understand English. If the Client's primary language is English (American), use code '6' in this field.

Valid Codes: 0   Not at all
1   Not well / Poorly
2   Well (average for age)
3   Very well (above average for age)
6   Not applicable because English is primary language
7   Unknown
8   Not collected

	Error Condition(s)	Error Action
General Error (Possible Error)	Invalid Code	Error reported, field set to '8' in Database
Completeness	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1 and Field 74 (Primary Language) is NOT 'ENG'	Counted against Completeness Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

76. Date of Client Field Review (new 2006)
Data field name - Client_Review_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	225	232	No

Description: Indicates the date when **ALL** applicable client fields were last reviewed and updated. This date may be the date of the initial load of the client's demographic data.

Valid Codes: Any valid date in YYYYMMDD format
99999996   Not Applicable
99999997   Unknown
99999998   Not Collected

Special Instructions: The value in this field is compared to the value in Field Number 9 (Admission Date). If Date of Client Field Review is prior to Admission Date, then the Admission Date value is substituted for the Date of Client Field Review. If a valid date value is not supplied in the Admission Date field, then no comparison can be made and a Possible error is reported for Status 1 clients for the Date of Client Field Review

	Error Condition(s)	Error Action
General Error	1. Invalid Code 2. If date is after field 1 (System Reporting Date)	Error reported, field set to NULL in Database
Completeness	Code = 99999996/9999997/99999998 in submission and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of intake when the Client is loaded as a Status 1 client. All active clients must be reviewed annually. Individual fields should be updated whenever there is an indication that the status of that field has changed, but would not mandate a change to this date UNLESS **ALL** demographic fields were reviewed at the time of the update.

77. Head Injury (new 2006)
Data field name - Head_Injury

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	233	233	No

Description: Indicates the Client's answer to the question: "Have you ever had a head injury that resulted in being knocked out or kept in the hospital for at least one night ?"

Valid Codes: 0   No
                        1   Yes
                        6   Not Applicable
                        7   Unknown
                        8   Not Collected

	Error Condition(s)	Error Action
General Error (Possible Error)	Invalid Code	Error reported, field set to '8' in Database
Completeness	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

78. Head Injury Frequency (new 2006)
Data field name - Head_Injury_Frequency

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	##	234	235	No

Description: Indicates the Client's answer to the question: "How many times have you had a head injury that resulted in being knocked out or kept in the hospital for at least one night ?"

Valid Codes: 00   None
                        01-94   Number of times
                        95   95 times or more or can't remember how many times
                        96   Not Applicable because never had a head injury
                        97   Unknown
                        98   Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '98' in Database
Completeness - checked ONLY when field 77 (Head Injury) = Yes	Code = 96/97/98 in submission and Field 6 (Client Status Code) = 1	Counted against Completeness Standard
Possible	1. Code = 00 and field 77 (Head Injury) = Yes 2. Code between 01 & 94 and field 77 (Head Injury) = No	Error reported No change to database

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

79. Head Injury Medical (new 2006)

Data field name - Head_Injury_Medical

Length	Format	From	To	Fatal
1	#	236	236	No

Description: Indicates the Client's answer to the question: "Have you ever had a medical crisis that resulted in a brain injury?"   Examples would include having a stroke, overdosing on a drug, or not getting oxygen for several minutes.

Valid Codes: 0   No
                         1   Yes
                         6   Not Applicable
                         7   Unknown
                         8   Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

80. Race American Indian / Alaskan Native (new 2006)
Data field name - Race_Am_Indian

Length	Format	From	To	Fatal
1	#	237	237	No

Description: Indicates the Client's race. Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields. Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

NOTE: According to the OMB guidelines, persons "having origins in any of the original peoples of the Indian subcontinent" are Asian. So this would include Indians and Pakistanis. Persons having origins in any of the original peoples of Europe, the Middle East or North Africa are White.

Valid Codes: 0   No
                         1   Yes
                         6   Not Applicable
                         7   Unknown
                         8   Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against Completeness Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

81. Race Asian (including Japanese-Americans) (new 2006)
Data field name - Race_Asian

Length	Format	From	To	Fatal
1	#	238	238	No

Description: Same as field 80

82. Race Black / African American (new 2006)
Data field name - Race_Black

Length	Format	From	To	Fatal
1	#	239	239	No

Description: Same as field 80

83. Race Native Hawaiian / Pacific Islander (new 2006)
Data field name - Race_Pacific

Length	Format	From	To	Fatal
1	#	240	240	No

Description: Same as field 80

84. Race White / Caucasian (new 2006)
Data field name - Race_White

Length	Format	From	To	Fatal
1	#	241	241	No

Description: Same as field 80

85. Number of Arrests in the past 30 days (new 2008)
Data field name - Arrests

Length	Format	From	To	Fatal
2	##	242	243	No

Description: Indicates the Client's answer to the question: "How many time have you been arrested in the past 30 days ?"

Valid Codes: 00-95   Number of arrests in past 30 days
               96   Not Applicable (appropriate for non-SA / TEDS clients)
               97   Unknown
               98   Not Collected

Special Instructions: 1. Applicable to all clients who have any Substance Abuse diagnosis

2. If not applicable, set code = 96

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	Number exceeds 31	Error reported, no change to Data Base
Completeness	Code = 96/97/98 in submission and Substance Abuse diagnosis present	Counted against Completeness Standard

Update Frequency: At the time of EACH admission to a substance abuse program. A client is considered to be *admitted* on the date of his first substance abuse service. That episode of admission continues until there is a break in substance abuse services of more than 30 days. For further details, see *"Substance Abuse Client Admissions and Discharges"* in Data Dictionary.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.
NOTE: Because of Federal Requirements, this field will NOT have the normal year of Possible errors, but will generate General errors beginning with the July, 2007 submission.

85. Military History (new 2010)

Data field name – Military_History

Length	Format	From	To	Fatal
2	##	244	245	No

Description: Identifies whether the client is currently active in the military or has performed previous military service. If client has served in multiple actions, indicate the most recent service. Military service is defined as serving in the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, National Guard or Reserve.

Valid Codes: 00   No military service
01   Active duty without deployment
02   Active duty with deployment to a non-combat zone
03   Active duty with deployment to a hostile or combatant zone
04   Previous duty without deployment (veteran)
05   Previous duty with deployment to a non-combatant zone (veteran)
06   Previous duty with deployment to a hostile or combatant zone (veteran)
96   Not Applicable
97   Unknown
98   Not Collected

Special Instructions: Do not leave this field blank.
Errors will be *Possible* errors during FY 2010. They will become *General* errors beginning with FY 2011.

	Error Condition(s)	Error Action
Possible Error	Invalid Code (Possible Error for FY 2010 only)	Error reported, field set to '98' in Database
General Error	Invalid Code (General Error beginning with FY 2011)	Error reported, field set to '98' in Database
Completeness	Code = 96/97/98 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

Update Frequency: At time of intake. Must be reviewed annually or whenever there is an indication that the status has changed.